

TOWN OF NARRAGANSETT

APPLICATION FOR ADMINISTRATIVE SUBDIVISION

1. Name of Proposed Subdivision _____
2. a. Name of Applicants: _____
Address: Street _____
State _____ Zip Code _____
Phone _____
- b. Name of Applicants: _____
Address: Street _____
State _____ Zip Code _____
Phone _____
3. Surveyor:
Name _____
Address _____
Phone _____
4. Land to be Subdivided (please list Tax Assessor's Plat _____, Lot(s) _____)
5. Zoning District _____ Area of Land to be subdivided _____

The above named applicants hereby certify that he/she/they have read the Narragansett Subdivision Regulations pertaining to the project and has prepared the attached application in conformance with said regulations to the best of his/her ability.

Signed _____

Signed _____

Date _____

Date _____

Signed _____

Signed _____

Date _____

Date _____

Note: This form is to be submitted by the applicant **as a cover sheet for** the plans, information, and reports required by the checklist for the first review stage of approval under the Narragansett Subdivision Regulations for the applicable type of project. It is not to be considered a complete application until all applicable supporting materials and information are submitted to the Administrative Officer and judged to be sufficient for the Planning Board's or the staff's review as specified in Section V of the Subdivision Regulations. Applicants are referred to **Section XV "Application Checklists"** of the Subdivision Regulations to determine the application requirements.